

Gerard F. Cody, R.E.H.S./R.S.
Public Health Director

Ann Martin, R.N./M.S.N
Public Health Nurse

Carol Cronin
Principal Clerk

Peggy Montlouis, MBA
Community Health Educator



Town of Randolph

Public Health Department

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Board of Health

Dr. David Kaplan, M.P.H./Ph.D./C.H.O./R.S. *Chair*

Barbara Mahoney, R.N./M.H.A

Dov Yoffe, R.N./A.S.D

Patricia M. Cedeño-Zamor, Ph.D/M.S.W/M.H.A

Water Well Permit Application

Fees: Domestic Well - \$100.00 Monitoring Well - \$50.00
Geothermal Well - \$50.00 Irrigation Well - \$50.00

Property Owners Name:				
Owners Address:				
Address of Well (if different from above):				
Assessor's Map:	Parcel#:	Assessors Lot Number:		
Well Drillers Name:		Company Name:		
Address:				
License#:		Phone Number:		
GPS Coordinates:				
Check One:				
<input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Cesspool				
Type of Well:				
Irrigation Drinking Monitoring Geothermal Other				
If other explain type:				
Type of Property:				
Residential Commercial Industrial Other				

Provide a narrative description of the project:

Provide a drawing of the project: The drawing shall include *all structures on the lot, including the location of any present or past land use that may be a source of water contamination. Potential contamination sources to consider are within 200 feet of the proposed well location. Types of potential contamination includes but is limited to: existing and proposed structures, wetlands, subsurface sewage disposal systems (septic systems or cesspools), subsurface fuel storage tanks, public ways, utility rights-of-way, or any other potential source of contamination. Also include distances to wetlands (within 100 feet). You may draw below or submit additional documents.*

I, the undersigned, hereby apply to the Randolph Board of Health for a Permit to construct a well in accordance with Randolph Board of Health Regulations pertaining to wells.

Signature of Applicant

Date

BOH Approval: _____

Date: _____

Conservation Approval: _____

Date: _____

Plumbing & Gas Inspector Approval: _____

Date: _____